

IPDR6702		NORTH CAROLINA			PAGE: 1		
RUN DATE: 09/06/2005		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 09/07/2005					
		FINANCIAL PAYER: NCDMM					
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS
							PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	16
3404904	WESTERN HIGHLAN DS LME	11	2160	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		8599	1715	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	4141	22236
		8651	89	ONLY FOUR UNITS ALLOWED PER MO NTH			18095
3404910	PATHWAYS	8599	1055	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		10	213	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	4	1552	14910
		5404	67	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD			13296
3404912	CATAWBA COUNTYM ENTAL HEALT	8599	345	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		191	38	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	3	432	2273
		11	37	CLIENT NOT ELIGIBLE ON SERVICE DATE			1841
3404913	NECKLENBURG COM ENTAL HEALT	8599	450	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		11	50	CLIENT NOT ELIGIBLE ON SERVICE DATE	13	560	2595
		191	15	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME			2035
3404916	CROSSROADS BEHA VIORAL HEAL	8599	417	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		8950	169	CLIENT ONLY ENROLLED IN TRACKI NG POP GROUP. MUST ALSO BE ENROLLED IN A FUNDED POP GROUP	0	751	14251
		10	73	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR			13500
3404917	CENTERPOINT HUM AN SERVICES	8599	782	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		11	97	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	921	3696
		5404	28	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD			2775

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404918	ROCKINGHAM CO M	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0		0	0	0	0
3404919	GUILFORD CO MEN	8599	129	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		5404	16	SEVERE DUPLICATE: SAME ATTD PR	2	155	3318	3163
				OV/PCODE/TOS/DOS/MOD				
		191	6	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404920	ALAMANCE CASWEL	8599	217	DETAIL NOT COVERED BY COMBINAT				
	L AREA MH D			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	212	CLIENT NOT ELIGIBLE ON SERVICE	21	657	2270	1613
				DATE				
		21	74	DUPLICATE OF CLAIM-SYSTEM				
3404921	ORANGE PERSON C	8599	926	DETAIL NOT COVERED BY COMBINAT				
	HATHAM AREA			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	259	DUPLICATE OF CLAIM-SYSTEM	42	1617	10744	9127
		5312	86	PRIOR AUTHORIZED DOLLARS EXCEE				
				DED				
3404922	THE DURHAM CENT	8599	508	DETAIL NOT COVERED BY COMBINAT				
	ER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	30	CLAIM DENIED DUE TO INSUFFICIE	0	603	1164	561
				NT BUDGET				
		11	30	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404923	FIVE COUNTY MH	8599	339	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	49	DUPLICATE OF CLAIM-SYSTEM	1	422	4143	3721
		191	13	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404925	SANDHILLS CENTE	8599	764	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	264	CLIENT NOT ELIGIBLE ON SERVICE	121	1765	11518	9753
				DATE				
		21	215	DUPLICATE OF CLAIM-SYSTEM				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404926	SOUTHEASTERN RE G MENTAL HL	8599	1221	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	365	CLIENT NOT ELIGIBLE ON SERVICE DATE	120	1900	9087	7187
		8933	70	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404927	CUMBERLAND CO M HC	8599	427	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8329	91	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	0	650	4172	3522
		8622	31	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	8599	180	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8621	19	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	8	220	873	653
		11	10	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404931	WAKE CO HUM SVC BILLING OF	11	226	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	221	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	25	705	8317	7612
		10	55	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404932	RANDOLPH/SANDRI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	107	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	77	CLIENT NOT ELIGIBLE ON SERVICE DATE	13	259	10972	10713
		8000	31	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404934	ONSLow CARTERET BEHAV HEAL	11	187	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	71	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	274	1278	1004
		191	4	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8599	112	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	25	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	34	157	1871	1714
		8932	9	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404937	EDGEcombe NASH MNTL HLTH C	21	156	DUPLICATE OF CLAIM-SYSTEM				
		8599	67	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	247	3222	2975
		191	10	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404938	VGFW DBA RIVERS TONE COUNSE	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	21	266	DUPLICATE OF CLAIM-SYSTEM				
		8599	116	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	384	1751	1367
		11	2	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404941	PITT CO MH/DD/S AS CENTER	11	510	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	98	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	9	633	3039	2406
		191	10	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404942	ROANOKE CHOWANN UMAN SERVIC	8599	126	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	60	CLIENT NOT ELIGIBLE ON SERVICE DATE	18	229	2436	2207
		21	16	DUPLICATE OF CLAIM-SYSTEM				
3404943	ALBEMARLE MENTA L HEALTH CE	5404	78	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		21	47	DUPLICATE OF CLAIM-SYSTEM	80	284	4484	4200
		8931	38	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	PAID
3404944	EASTPOINTE HUMA	24	15	PROCEDURE CODE, PROCEDURE/MODI			
	N SERVICES			FIER COMBINATION OR PROCEDURE			
				CODE/TYPE OF SERVICE COMBINATI			
		8599	6	DETAIL NOT COVERED BY COMBINAT	1	31	682
				ION OF RECIPIENT, PROVIDER AND			651
				BENEFIT PACKAGE.			
		21	5	DUPLICATE OF CLAIM-SYSTEM			
3404946	FOOTHILLS AREAM	11	993	CLIENT NOT ELIGIBLE ON SERVICE			
	ENTAL HEALT			DATE			
		8599	63	DETAIL NOT COVERED BY COMBINAT	0	1065	3151
				ION OF RECIPIENT, PROVIDER AND			2086
				BENEFIT PACKAGE.			
		8651	9	ONLY FOUR UNITS ALLOWED PER MO			
				NTH			
3404957	TIDELAND MENTAL	8599	150	DETAIL NOT COVERED BY COMBINAT			
	HEALTH CTR			ION OF RECIPIENT, PROVIDER AND			
				BENEFIT PACKAGE.			
		8329	10	CLAIM DENIED ATTENDING PROVIDE	20	196	1730
				R CANNOT BE THE SAME AS			1534
				THE LMA			
		8931	8	AMTNC INELIGIBLE TO RECEIVE SE			
				RVICES IN IPRS.			
3404979	NEW RIVER AREAM	11	221	CLIENT NOT ELIGIBLE ON SERVICE			
	H/DD/SA PRO			DATE			
		21	58	DUPLICATE OF CLAIM-SYSTEM	2	298	3383
							3085
		8599	14	DETAIL NOT COVERED BY COMBINAT			
				ION OF RECIPIENT, PROVIDER AND			
				BENEFIT PACKAGE.			